The Office of Accessibility and Disability Resources
Rocket Hall, Room 1820
2801 W. Bancroft St., MS 342
Toledo, OH 43606
419-530-4981 Phone,
419-530-6137 Fax
studentdisability@utoledo.edu

THE UNIVERSITY OF TOLEDO | Office of Accessibility and Disability Resources

Disability Verification Form

The Office of Accessibility and Disability Resources partners with students and Faculty/Staff to facilitate a post-secondary experience that is equitable and inclusive for students with documented disabilities. One path to accessis the provision of reasonable accommodations. The Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 requires that access be provided for individuals whohave a physical or mental impairment that substantially limits one or more major life activities and/or have a record of such impairment.

The outline below has been developed to assist students in working with their treating and/or diagnosing healthcare professional (psychiatrist, psychologist, therapist, social worker, medical doctor, optometrist, speech-language pathologist, etc.) in obtaining specific information, which will be used to support the determination of appropriate accommodations.

- The healthcare professional conducting the assessment and/or making the diagnosis **must** be qualified to do so. These persons are generally trained, certified, or licensed to diagnose and treat conditions.
    - NOTE: A licensed healthcare professional that has an established clinical relationship with the student must be the one to make a recommendation for an emotional support animal to be a disability accommodation for the student. The healthcare professional must be qualified to prescribe the use of an emotional support animal as well as qualified to treat mental health conditions.
- All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers, and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. It is recommended that this form be completed by typing the information into the editable PDF version available on our website.
- The student or health care professional should include any documents which provide related information (e.g. psychoeducational assessments, neuropsychological test results, audiogram, an Individualized Education Program (IEP), Multifactor Evaluation (MFE), Evaluation Team Report (ETR), a 504 plan, verification of accommodations provided by another college/university or third party entity, etc. The aforementioned documentation can be submitted in lieu of this form.
- This information will be kept in the student's file in the Office of Accessibility and Disability Resources, where it willbe held securely and confidentially in accordance with the Family Education Rights and Privacy Act (FERPA). This form may be released to the student at their request.

Once completed, please return this form back to the student, or email or fax this form directly to the office. If you have questions regarding thisform, please call the Office of Accessibility and Disability Resources at 419-530-4981.

The Office of Accessibility and Disability Resources
Rocket Hall, Room 1820
2801 W. Bancroft St., MS 342
Toledo, OH 43606
419-530-4981 Phone,
419-530-6137 Fax
studentdisability@utoledo.edu

THE UNIVERSITY OF TOLEDO | Office of Accessibility and Disability Resources

Thank you for your assistance.

STUDENT INFORMATION: To Be Completed by the Student (Please Print Legibly or Type)

Name: _____

Rocket#: R_____ Date of Birth: _____

Address: _____

City:_____ State: _____

Phone Number:_____ Rocket Email: _____

Diagnostic Information: To be completed by Healthcare Professional

Primary Diagnosis: _____

Date of Diagnosis:_____Duration of Diagnosis: _____

Secondary Diagnosis: _____

Date of Diagnosis:_____Duration of Diagnosis: _____

Date of most recent healthcare visit: _____

List symptoms, current medications and/or treatments with side effects that may impact functioning:

_____

_____

_____

_____

List any major life activities that are impacted by the student's disability and their severity. Examples: reading, writing, seeing, hearing, concentrating, learning, walking, lifting and others.

_____

_____

_____

The Office of Accessibility and Disability Resources
Rocket Hall, Room 1820
2801 W. Bancroft St., MS 342
Toledo, OH 43606
419-530-4981 Phone,
419-530-6137 Fax
studentdisability@utoledo.edu

THE UNIVERSITY OF TOLEDO | Office of Accessibility and Disability Resources

Describe any activities that have associated barriers related to the disability that may need to be addressed in the university setting. Please include information for Resident Life if applicable along with the academic setting. Examples: in-person courses, online courses, labs, clinical setting, internships, and others.

Please provide additional information or considerations that may aid in the facilitation of disability access and the determination of reasonable accommodations.

Healthcare Professional Information:

Healthcare Professional Name: _____

Healthcare Professional Signature: _____

Date: _____ Licensure/Certification Number: _____

Facility Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____ FAX: _____